KANSAS MEDICAL JOURNAL.

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ORIGINAL ARTICLES.

Dysentery.

BY W. C. WINSLOW, M.D.

Read before the Northwest Kansas Medical Association, Ellis, Kas., Aug. 7, 1894.

Dysentery was one of the best known of the diseases of the ancient world. It was noticed before the time of Hypocrates (B.C. 430). But this writer was the first to give an accurate description of its symptoms. He clearly differentiates it from diarrhea, as will be seen by the following from his works: "But when the body being heated acrid matters are discharged, the intestine is excoriated, ulcerated, and the stools are bloody. This is dysentery, a grave and dangerous disease; when there is dysentery pain occupies the whole abdomen; bile, phlegm and heated blood are discharged."

For about 500 years from the time of Hypocrates the contention of schools and theorists did but little to advance medicine.

We next find in Celsus' writings, about A.D. 45, this extract:

"The next disease of the intestines is usually called tormina, in the Greek language it is termed dysenturia. The intestines are ulcerated internally; grumous evacuations come from them. Sometimes the evacuations are mixed with fecal matter, always liquid. At other times the discharges are slimy; sometimes particles like flesh pass with them; there is a frequent desire of going to stool with pain in the anus—with this pain a small portion is voided, and even by this the pain is augmented; that is relieved after a short time, and then there is a short repose. The sleep is interrupted; slight fever ensues, and in the progress of time the disease either destroys the patient when it has become inveterate, and even although it may be terminated exerts a baleful influence for a long time."

Arartus a little later recognized without doubt by actual observation that the ulcer was the peculiar and dangerous lesion of the intestine in dysentery. He says:

"Matters resembling flesh come away in the discharges which accompany ulceration of the lower bowels. The flesh-like masses are shreds of lining membrane of the intestines. Healing takes place by granulation and cicatrization of the outer coat, which remains intact."

A century later Galen said the physician of his time limited the term dysentery to cases of intestinal ulceration. The shreds passed from the bowels are scrapings from the internal membranous surface of the intestine. At first there is an excretion of very biting or corrosive bile, then shreds of the intestine, afterwards a little blood is discharged along with the shreds, and now this affection is dysentery.

Ternelius in 660 drew attention to the difference in the discharges which are found in the two forms of dysentery—the catarrhal and the diphtheritic. In the latter form he says the ulcer penetrates and eats more deeply into the flesh and the proper substance of the intestine drops out putrid or corrupted.

Sennertus in 1626 was well acquainted with the morbid anatomy and treatment of the disease. He says:

"Dysentery consists in frequent bloody dejections from the bowels with pain in the abdomen and ulceration of the intestine."

He also observed and described the difference between the sporadic and epidemic forms, and gave the indications for healing

the ulcerated surface, expelling from the bowels irritating substances and thus checking profuse discharges.

Pringle in his autopsies of soldiers who had died from dysentery in Holland in 1744, observed that the mucous membrane of the intestine was black and putrid or thickened and ulcerated, especially in the lower part of the colon and rectum. And yet he later, in consonance with the opinions of Huson and Hunter, doubted if the intestine was ulcerated.

Other prominent writers of that day also denied that there was any ulceration in dysentery.

But Thomas, writing in 1833 of the epidemic at Tours, said:

"I recognize, after having made a considerable number of autopsies with the greatest care, that the ancients were right in their opinions, and that the moderns are completely in error. The mucous membrane is promptly invaded by ulceration so numerous so well defined and so constant that I claim as an undoubted fact that the ulceration of the mucous membrane is as essential a feature in dysentery as pus in an inflammation of the cellular tissue.

There is the greatest contrariety of opinion in regard to the causes of dysentery, for although every condition under which the disease appears has been closely studied, there is no one factor which is invariably present.

W. W. Johnston: "While dysentery is more frequent and fatal in the tropics than other climes, a great many influences beside the high temperature may be the cause. While a damp and humid atmosphere is conducive to the disease, the disease often prevails to an alarming extent on the high plateaus of India, Mexico and Peru. The extreme change in the temperature in some localities in the 24 hours, the excessively hot days and very cool nights is supposed to be a fruitful source. From the earliest times bad drinking water has been believed to be a potent cause in originating dysentery. The occurrence of dysentery has long been associated with errors of diet, with indigestion and food decomposition in the intestinal tract. Fermentive discharges in the intestinal canal reach their maximum low down and there produce their greatest irritation, hence without doubt are exciting agents in this trouble. The bile is not, however, a cause of dysentery, as has been thought by both modern and ancient writers. It is antiseptic, and when in normal quantity prevents intestinal decomposition. Hence," says Johnston, "the socalled bilious dysentery derives its name from an excess of bile which is in nowise to be considered as an etiological factor. Nor is portal congestion to be considered as a cause. Poverty, which entails a life of hardship without the comforts or necessaries of life, predisposes to dysentery. It is more fatal among the poor than among the rich, and it is especially fatal among the poorly clothed and fed. There is great diversity of opinion as to the question of the specificity and transmissibility of dysentery. Has it a specific virus which is transmitted directly or indirectly from the sick to the well, or is the infectious principle generated outside of the individual and independently of him, or is it non-contagious and non-infectious? Belief in its specific nature is based upon the rapid spread of the disease from a single focus and its apparent propagation by contact."

Gilbert, in his account of the disease which attacked the grand army of Russia and Poland in 1806-7, says: "It is impossible to conceive the rapidity with which dysentery was communicated from a patient to those near him. Even the straw which had been used was contagious. The privies were centers of this miasm. Physicians contracted the disease after a moments careful inspection of the stools."

This theory is also supported by Selle, Pringle, Zimmerman, Lind, Heubner, Bartholow and others. Many authorities do not give unqualified assent to this doctrine, but hold that under conditions very favorable to the growth of the poison it acquires virulence.

There is a great deal of testimony which might be produced opposed to this theory. Colin saw several epidemics of dysentery. In none did he ever observe any case of un-

doubted transmission.

Annesley knew of no instance in his experience of the propagation by contagion in India.

In the military hospitals during the Civil War in this country, says Johnston, dysenteria cases were treated side by side with others, and when these patients were removed from the surroundings under which the disease originated no cases of contagion happened among the physicians and hospital attendants.

The recognition of acute dysentery is not difficult if the characteristic symptoms, tormina, tenesmus and the muco-sanguinolent stools are present. In diarrhea with hemorrhoids blood and mucus are often passed, but the hemorrhoidal tumors can be seen; the blood too is thinner and in greater quantity. Though blood and mucus are passed in intussuseption, the tumor in the iliac or hypogastric region, the more frequent vomiting, the more rapid collapse, are significant symptoms of that trouble.

According to Johnston the diagnosis of the nature of the lesion is based upon the general symptoms and the nature of the stools. Slight illness and small and bloody stools indicate colitis without infiltration and sloughing, but prostration and serious illness with larger and more liquid stools, which may be offensive, point to infiltration of the deeper layers of the intestinal walls, and to destruction and throwing off of the mucous membrane. The higher up the inflammation is the more fluid the stools, the lower down the more mucus and blood.

The fatality of this disease varies with the surroundings and the conditions under which it appears.

Treatment—The preventive treatment consists in avoiding all known causes and living under the best hygienic influences; the procuring of pure drinking water and the removal of excreta. In treating an attack absolute cleanliness and all hygienic rules governing the sick should be observed. Patient should be early put to bed. For convenience Johnston recommends a single bed with warm bed clothing, even woolen blankets in warm weather, to prevent chilling the surface by diurnal variations of temperature. Sponging the surface of body frequently with cool or tepid water with vinegar or alcohol quiets patient by removing the sensation of burning heat in the skin. The anal region should be frequently and carefully cleansed with a disinfectant, washed and anointed with vaseline or other ointment. Injections of warm starch water with a little laudanum, the rectal tube being carefully introduced, often go far toward relieving the tenesmus, as do hot hip baths. Hot poultices to the abdomen or hot fomentations covered with oil silk, give some comfort to the patient. The great weight of authority is in favor of the ipecac treatment. The use of purgatives in the beginning and during the whole course of dysentery has been highly recommended by good authority, and in the early stage is admissible and very beneficial in clearing the intestinal tract, though I do not think a genuine case of dysentery was ever aborted by thus clearing the bowels as claimed by some. The saline purgatives well diluted act well for this purpose. I prefer sulphate of soda, but calomel has a great many advocates who prefer it to all other laxatives and recommend its repeated administration during the attack. I frequently give a few small doses of mercury at first, especially where there is nausea and vomiting, then follow with the soda. But I heartily concur with Dr. Johnston's statement: Constant purgation does not relieve the symptoms nor change the character of the stools, and after a fair trial at the beginning of the attack laxatives should not be continued. After the disease has lasted a week or longer a saline then seems to hasten recovery by causing a fecal movement. During the progress of the attack opium is given to relieve the intense pain and to induce sleep. I prefer morphia hypodermically, as you are not liable to a cumulative effect; it does not disturb digestion and the relief is more complete. A host of remedies have been recommended and supported warmly as having curative powers in dysentery. Bismuth in very large doses is among those; as many as a thousand grains a day have been given, and it is

only in large doses that it has any power. Acetate of lead, nitrate of silver and other mineral astringents have been used to check the frequency of the fluid discharges; but it is only in these cases that they are any good.

Johnston says: As far as any dysenteric symptoms are concerned they are worse than useless. Quinine may be given either as a tonic an antiseptic or to reduce temperature, and the dose is governed by the effect desired.

The mineral acids have all been advocated. They aid digestion and are tonic in their effects, and upon intestinal ulcers they exert a favorable influence.

Treatment by the Rectum.—This I consider the most rational method of cure as the remedies can be brought in contact with the diseased surface or a portion of it, and experience has shown that a favorable impression made on the rectal mucous membrane is followed by improvement throughout the colon. I have for sometime been depending largely on the rectal treatment with dysenteric patients. Place patient on the back or right side with hips elevated; then introduce a very soft smooth rubber tube very gently and very slowly, and with Allen's surgical pump inject small quantities of fluid as the tube advances. In this manner I introduce from eight to twelve inches of the tube. I then slowly inject from one to two pints of warm water in which some boracic acid has previously been dissolved; temperature of injection from 95 to 102 or 103°, which invariably allays the pain and reduces the intense hyperemia of the mucous membrane. Often with the first treatment or two if patient can tolerate but a small quantity of fluid I introduce a catheter by the side of the tube. This allows the return of the fluid without distending the rectum. In cases that have become chronic I add one drachm of acetate of lead or from five to ten grams of nitrate of silver to the pint of fluid. Occasionally we find a patient where great pain follows the above treatment. In these I reinsert tube and throw up a quantity of cocaine solution about ¼ to ½ or even 1 per cent., which has never failed in my hands to quiet and relieve the pain.

A Case Report.

BY FINIS L. ANDERSON. HEWINS, KAS.

Editor Kansas Medical Journal.

The following is as good a history of a case I am treating as can be obtained: Male, white, age 51; family history good as far as I can learn; weight 200 pounds. General health fair. Pulse and respiration normal; bowels regular; appetite not very good; was a soldier in union army. Can obtain no syphilitic history. Has been troubled more or less with eczema (socalled) of the head and face for the past six or eight years. Skin is rough and itches a great deal over the entire body. Legs present marks of a semi-cicatricial character, somewhat resembling that of small-pox, but never had small-pox.

The greatest trouble has been a foul ulcer on the side of face and in temple, which refuses to heal under any treatment he has been able to obtain, having spent a long while at Hot Springs. At present there is great œdema of the head, face and neck, he being totally blind from the effusion. Aside from this he feels very well. One of his daughters seems to be developing a similar trouble.

What is the diagnosis?

What is the prognosis?

What is the treatment?

Any suggestions from you or any brother of the profession will be very thankfully received.

WE acknowledge the receipt of an illustrated brochure, issued by W. H. Schiefflin & Co. It is entitled "One Hundred Years of Business Life," It is a highly interesting history of the beginning and growth of this house and the changes in commercial affairs during that period. It is certainly a history they may well be proud of.

Kretol in Phthisis, Bronchitis, Etc.

BY E. J. ROTHE, L.R.C.S.S., NEW YORK CITY.

Editor Kansas Medical Journal.

I have long been in favor of treating diseases of the respiratory organs by means of inhalations, and for that purpose I have used the vapors of iodine, carbolic acid, creosote and other preparations with varying success. Now, however, I have found an ideal agent for the treatment of these diseases. It is a comparatively new preparation called kretol, a most powerful antiseptic while non-poisonous and perfectly safe. I have used it in many cases where the expectoration was very copious and extremely fetid and in every instance it was productive of much benefit. In some cases I ordered a compress wet with a 20 per cent. emulsion applied over the seat of the lesion. For inhalations I use an emulsion of the same strength. Eighty parts of hot water to twenty of kretol, the steam of which is to be inhaled three times a day for about a quarter of an hour each time.

In all cases in which I have used kretol recovery took place, and generally in a very short time. It is an agent well worthy the attention of the surgeon.

The Influence of the Liver in the Development of Pancreatic Diabetes.

Medical Progress.

Although we have learned that certain lesions of the central nervous system and destructive changes in the pancreas respectively are attended with glycosuria, the etiology and pathology of diabetes mellitus are yet unexplained. Whatever the chemic and metabolic changes upon which the excretion of sugar in the urine depends, there is evidence that no small part in the morbid process is played by the liver, of whose multiplicity of function we really know comparatively little (*Med. News*). There is good reason for believing that under normal conditions the liver either stores up or converts into other bodies a substance allied to sugar and which, under certain morbid conditions, appears in the urine as glucose. Additional evidence of the influence of the liver in the development of diabetes is furnished by the results of some experiments detailed at a recent meeting of the Berlin Physiological Society by Marcuse (*Munchener medicinische Wochenschrift*), who undertook to determine if the diabetes that appears after extirpation of the pancreas manifests itself in case the liver is also removed. As the animals experimented with were likely to die sooner in consequence of the two operations than after extirpation of the pancreas alone, the question arose as to whether or not the animals would live long enough to afford time for the development of the diabetes. To decide this point a series of observations were made upon nineteen frogs. It was found that in the twelve of these in which diabetes developed, this appeared within the first day or two, the animal living on an average for five days. The proportion of sugar contained in the urine, as determined by polarization, equalled 9.4 per cent. In a second series of almost parallel cases, both liver and pancreas were removed, with the result that in not one of the animals did the diabetes develop. These animals lived for from one to five days after the operation. The amount of urine excreted was considerable, though not so great as in the case of the animals from which the pancreas only had been removed. In explanation of the influence of the liver in the development of the diabetes that follows removal of the pancreas, it is suggested that there is formed in the liver a substance that, while not itself sugar, is yet of importance in the development of diabetes (perhaps a sugar-forming ferment), or that certain elements in the blood that are acted upon by the liver remain in the circulation after extirpation of this organ, and bring about decomposition of the sugar present after extirpation of the pancreas.

LEMON juice snuffed into the nostril is recommended as a cure of coryza.

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Topeka, Kansas, Saturday, Sept. 29, 1894.

Experience vs. Text-Books.

The policy of our State medical laws which places upon an equal footing the physician of ten years' experience and the four-years' college graduate, gives rise to a question of competency not easily settled. If absolute competency were the standard, in all probability neither of these would be entitled to recognition.

Experience, no matter how extensive, without that knowledge of fundamental principles to be derived from text-books and class-room demonstration, does not make proficiency. Neither does careful, systematic study of the most elaborate text-books without actual experience produce a successful or competent practitioner.

It is the deductions that can be made from statements of facts rather than the facts themselves that are of most value. And the most practical man in any line of work is the man who is capable of applying his reasoning powers to the work in hand. There are practitioners of medicine who rely wholly upon their personal experience; there are others who rely wholly upon what they have learned at school and upon what they derive from text-books. Neither of these can be classed among the truly scientific practitioners. Until the student learns to think for himself he can be nothing more than a follower. The physician who fears to administer more of a drug than the dose prescribed by his text-book, fails at the crisis when, by confidence in his own judgment, his success might have been assured. The man who thinks another's opinion is always better than his own, will hardly secure the confidence of his patrons. Confidence in one's own ability is derived only from absolute knowledge of the conditions involved. Ignorance and arrogance are often associated, but ignorance and self-confidence are incompatible.

After long and careful study of a subject, it is only the thoughtless unreasoning man that will accept the dictum of another without the evidence which goes to establish its correctness. There are few text-books of medicine but contain some broad assertion for which there is no positive evidence, and which is often contradicted by a careful investigation of facts; and to follow implicitly the teaching of our best authorities in every particular may lead us into fallacies of serious importance.

It is equally true that in order to correctly interpret clinical phenomena we must have a thorough knowledge of the anatomy, physiology and pathology of the tissues involved.

The proper education of a student of medicine is only begun when he has completed his college course. It is only after years of observation and practical experience that he approximates a complete medical education. It may be years hence but the time is sure to come when a diploma will need to be supplemented by a number of years of practical work under a competent preceptor in order to acquire a license to practice.

Malakine in Rheumatism.

Malakine increases diuresis, facilitates elimination of uric acid and lowers temperature. Dose six grammes in twenty-four hours.

Query.

The following has been handed to us with the request that we endeavor to settle the matter. We gladly refer it to our readers for advice:

"Doctor—We will assume that two persons are equal physically in all respects; each is attacked at the same time with passive hemorrhage, one arterial the other venous; they each lose the same quantity of blood per hour. Which will die first?

L. D. McKINLEY, M.D.

Mississippi Valley Medical Association.

The twentieth annual meeting of this well known organization will be held, as previously announced, at Hot Springs, Ark., November 20-23, 1894.

The general committee of arrangements held their final meeting on September 1, in the city of St. Louis, there being present in addition to the committee, President Scott, of Cleveland; Vice-President Strauss, of St. Louis; and Secretary Woodburn, of Indianapolis.

Dr. T. E. Holland, of Hot Springs, presided. All of the preliminaay arrangements for the meeting of the association were completed.

Owing to the hearty co-operation of the railroads, the arrangements in this direction will surpass those of any previous meeting.

On motion of Dr. I. N. Love, of St. Louis, a committee of five railroad officials was appointed to secure the desired reduction of rates. This committee consists of Messrs. Townsend, Crane, Snyder, Wishard, and Ives.

The interest and enthusiasm manifested in all parts of the country concerning the meeting in November, is certainly remarkable. The fact that Hot Springs is to be the meeting place is probably an inducement for many to attend. From the large number of favorable responses to his preliminary announcement, the secretary feels justified, even thus early, in predicting an attendance double that of any previous meeting of the association.

Let every doctor who can possibly leave home for a few days go to Hot Springs in November. Let him take his family and his friends and not only a profitable meeting but a royal good time will reward him for the exertion.

FREDERICK C. WOODBURN,
Secretary.

399 College avenue, Indianapolis.

RAYNAUD'S DISEASE.—Dr. Frederick P. Henry advocates the theory of arteriospasm as the etiological factor in this disease. He says this is borne out by the fact that it is most common in women and girls in whom vascular spasm is most common. He says the hæmoglobinuria is due probably to the excretion by the kidneys of hæmoglobin that has exuded in the asphyxiated parts. It has been suggested that chilblains may be a different stage of the same disease.

DR. INGALLS, of Chicago, thinks that at least two weeks should intervene between the cauterization of two sides of the nose, and three or four weeks between operations on the same side.

NITROGLYCERINE IN PNEUMONIA. — Dr. Beverly Robinson recommends nitroglycerine in doses of 1-50 or 1-25 grain in pneumonia. He says it strengthens the weak pulse, removes the cyanosis and the dyspnœa.

Treatment of Appoplexy.

Maryland Medical Journal.

Preston, of Baltimore, believes that in the treatment of appoplexy more might be done in the prodromal stage if this condition were more carefully studied and oftener recognized. There are no constant or certain prodromata, but in a considerable proportion of the cases here related the history obtained afterwards from the patients showed the existence of headache, vertigo, or a sense of fullness in the head, numbness of one side, etc. These symptoms in some instances existed for a week before the appoplectic attack. It is very important to heed these warnings especially in cases where there is atheroma of the vessels, or where there is high arterial tension without atheroma. Rest, vascular sedatives, nitroglycerin, large enemata, will often modify the force of the circulation and thus tend to avert the rupture of the artery. Some years ago the writer called to see an elderly woman, stout, with flushed face, headache, and unusually high arterial tension. While waiting for the family physician she was kept absolutely quiet with ice to her head. While consulting in the next room the patient, against orders, got up to use the commode; the arteries could stand no further strain, rupture occurred, and she died in half an hour with all the symptoms of intracranial hemorrhage. Venesection would probably have averted this disaster. It rarely happens that the physician sees clearly enough to make use of bloodletting. After the rupture of the artery has taken place, it is doubtful whether venesection does any good. The most important part of the treatment of appoplexy is rest. There is no way by which the bleeding can be stopped, and it s probable that in the great majority of cases the increased intracranial pressure tends to control the hemorrhage. The ruptured artery or miliary aneurism is small, as a rule, and it is generally soon occluded by clot. If the amount of hemorrhage is moderate and not in a vital part of the brain, recovery, more or less complete, will take place if the clot remain in its first position.

Very often it happens that the original location of the clot was not specially dangerous, but from gravity, or as the result of exertion, the clot has forced its way through the soft brain tissue and done irreparable injury to more important structures. This can often be seen post mortem and the track of the clot made out. From this it follows that the greatest care should be exercised to prevent any more moving of the patient than is absolutely necessary. If it be possible, the patient should be laid down on a sofa or mattress in the room where the attack occurs and no attempt at movement made for twelve or twenty-four hours. It is better to slightly elevate the head by pillows, since this probably tends to modify the force of the heart's action in the cerebral vessels, and at the same time allows respiration to be carried on rather better than when the patient is perfectly flat. Opening the skull has been resorted to, but it is doubtful whether this is advisable, except in the case of meningeal or cortical hemorrhage. The ice-cap to the head is of some use in allaying restlessness, and is extremely good treatment for the relatives and friends. In regard to drugs in this early stage there are practically no therapeutic indications that can be successfully met. The use of ergot and that class of remedies is of more than doubtful propriety. Aconite may sometimes be used to advantage in controlling a too forcible heart's action. As soon as the patient can swallow, it is the author's custom to administer a mixture of bromide and iodide of potassium, 30 to 40 grains of the former and 10 grains of the latter, and this is kept up for several days, then the bromide is omitted and the iodide used alone in increasing doses. In regard to the custom of administering croton oil or some drastic purge during the early stage, although sanctioned by almost immemorial usage, it is not only useless, but exposes the patient to the risk of making dangerous exertions, besides putting him in a filthy condition. The same objections in part apply to blis-

tering and to the use of mustard. It is important to attend to the bladder and draw off the urine at regular intervals. The throat should be kept as free from mucus as possible and the surroundings of the patient rendered comfortable. These points have perhaps been dwelt upon with unnecessary minuteness, but one so often sees these cases handled in a mischievous manner. The physician, realizing the futility of any active treatment, is too apt to yield to any suggestion made by the family, and the object of this paper is to insist upon a simple and rational treatment of this condition.

The Etiology of Headache.

New York Medical Journal.

Dr. S. Vermel (*Revue Generale de Clinique et de Therapeutique*), after a thorough study of the subject, says that he is inclined to attribute all headache to an oversensitive condition of the sympathetic nerves controlling the peripheral vessels of the cranium and brain, or to an angioneurosis. It may be asked at once, he says, how the same symptoms, from the same cause, can be present in diametrically opposed conditions, such as plethora and anæmia, febrile and apyretic diseases for example. The idea that the seat of pain is in the cortex has not been substantiated, for when a cortex is irritated there is locally only an hallucination of pain; the real pain is exhibited on some portion of the body. Then if the attack of cephalalgia is not due to local irritation of the cortex, the seat of the trouble must be in the meninges, causing intracranial-pressure, that the pain is due. The vascular dilatation extends to the minute blood vessels in the region of the pituitary body, rupture of which gives rise to the epistaxis from which patients so frequently suffer during an attack of headache. It is clear how this explanation answers for hyperæmic conditions, but how does it account for the same symptoms in anæmia? In anæmia there is a qualitative and not a quantitative change in the blood, the amount of fluid in the vessels remaining the same. In veritable anæmia from excessive depletion of the system, as from hemorrhage or cholera, the condition is different; but from the anæmia coincident with neurasthenia, hysteria, chlorosis, and so forth, there is, so far as quantity is concerned, the same condition as hyperæmia.

In anæmia the vessels are very prone to dilatation, producing an exaggeration of the intracranial pressure, in consequence of over-excitability of the vasomotor centers allowing of local hyperæmias.

The author definitely states that the seat of pain in headache is always in the dura mater and not in the cortex; that the pain is provoked by the compression of the dura mater produced by increased intracranial pressure; and that this is true of all headaches, whether neuroses, or of toxic or mechanical origin—such as diseases of the brain or of the meninges, constipation, etc., or of reflex origin.

The Country Doctor and Post Graduate Study.

Medical Record.

The editor of the *Post Graduate* has made an interesting analysis of the place of residence of three thousand eight hundred and twenty-four matriculates of the New York school. The students were divided into four classes, according as they came from large cities, having a population of over one hundred and fifty thousand; medium cities, having a population of over twenty-five thousand; small cities, having a population of over ten thousand; finally towns and villages. We find from the figures that have been furnished us that there is a pretty even distribution of matriculates in all four classes. The towns and villages, however, rank at the bottom with six hundred and ninety-five students, while the medium cities are at the top of the list with eleven hundred and four. On the whole, one can see that it is the medium cities and large towns that furnish the greater number of matriculates. The number from the large cities is relatively small.

Another interesting fact which is developed by the study of tables is this: The physicians from the towns and villages are coming to us in increasing number every year. During the first four years of the school, not more than twenty-five or thirty came from this class, but in the last year or two the numbers have exceeded one hundred, and last year the villages and towns of the United States furnished as many students as the large cities.

This, adds the editor is certainly an interesting, and we would add a hopeful, sign. It shows that the doctors in the smaller places are making a living and a little more, and what is still better, it shows that they possess a desire to keep abreast of the times, and that this desire is even keener than that which the city physicians have; for it must be remembered that it requires no small sacrifice for a country doctor to leave his practice, turning over his patients to the care of a brother physician with whom his relations may, perhaps, have been sometimes a little strained, and of whose experience and skill he has, perhaps, himself once expressed a slight amount of doubt. But it is evident that the country doctor is bound to learn, and that he is learning and keeping as alert in every direction as his city brother.

Action of Asparagus on the Kidney.

Therapeutic Gazette.

Three years ago Wilks sent a short communication to the *Lancet*, requesting the opinion of the profession on this subject. He therein stated that, in spite of books declaring asparagus to be a diuretic, he had observed that the very contrary was its action. Four letters came in reply, written by medical men. Three of them stated that from direct observation they had ascertained the inhibitory action of asparagus on the function of the kidneys, so that frequently only a third of the normal quantity of urine was secreted after eating this vegetable. The fourth gentleman said he had no knowledge of his own, but believed asparagus to be a diuretic, as he had always understood it to be so. The question of this vegetable's action in the economy is of little importance when it is so universally eaten and approved of, but it is one of interest in connection with the history of medicine as a science and art. In other sciences knowledge has grown from small beginnings, so that they have a solid foundation and superstructure; but the practice of medicine has existed from the remotest ages, and was born of superstition. Consequently a large part of our advance has been by getting rid of and overthrowing error. The writer has on his shelves a "Herbal," published about a hundred years ago, describing the value of a great number of plants which are now discarded as useless; but that a positive error, and one the very reverse of the truth, as regards the action of a well-known vegetable should still be propagated in books is a most remarkable fact and, as regards the whole subject of therapeutics, a very sad one.

Cooling Lotion for Pruritis.

London Practitioner.

℞

Liq. ammon. acetat.....	℥ ij
Acid hydrocyanic dil.....	℥ i
Spiritus recificati	℥ iij
Aquæ rosæ ad.....	℥ viij

Sig.: To be applied locally.

New Sedative and Diuretic.

Medical World.

Acetanelid 80 grains, bromide of soda 50 grains; mix well together in a mortar.

Sig.: Three to five grains every one, two or three hours.

SUGAR as a food increases muscular power and also increases the resistance against fatigue.

Free Scholarships in the Kansas Medical College.

Two free scholarships have been endowed in the Kansas Medical College. One known as the J. C. McClintock scholarship, and the other as the S. E. Sheldon scholarship. The privileges of these scholarships are open to students under the following conditions, which are prescribed in both:

"This scholarship will be open to any first course white student who furnishes a certificate from his or her preceptor stating that the student is unable to pay the college fees, and provided that the student is otherwise eligible for admission to the college.

"In case there are two or more applicants for the scholarship, it shall be allotted to the student passing the best examinations on the first Monday following the opening of the Kansas Medical College in 1894 before a special committee consisting of the secretary of the college and two members of the Faculty to be appointed by the Dean, said examinations to be in Latin, physics, and English composition."

Aristol in the Treatment of Burns.

Attention has frequently been directed to the value of Aristol in the treatment of burns, and among those who have testified ty its utility may be mentioned Drs. Bufill, Whiteleath, Stern, MacCoy, and Professor Demme. In an article published in the Italian periodical, *Morgagni*, July, 1894, Prof. A. Haas adds his confirmatory testimony in the following words:

In the treatment of burns the chief indication, after the affected parts have been disinfected, is to keep away all injurious agents from without by means of a mild, non-irritant antiseptic, and thereby to produce rapid and painless cicatrization. These properties belong to Aristol in a remarkable degree. In numerous cases I was able to demonstrate that the painfulness of the burned areas rapidly subsided and failed to return under the influence of Aristol. Furthermore, Aristol forms a protecting antiseptic cover of great uniformity, and finally, and this is of chief importance, we were able to confirm in cases of burns, the fact observed in other conditions, that this remedy exerts excellent effects in promoting granulation and bringing about cicatrization. Therefore it fulfils all the requisites of a remedy for the treatment of burns, and is far preferable to iodoform, especially in cases of extensive burns, because it is entirely inocuous. Even large areas of the body can be covered without risk with Aristol, while in the case of iodoform, which was formerly awarded the first place in the treatment of burns, we were never assured against the danger of severe intoxication, especially in extensive burns.

The treatment of burns should therefore be as follows: First the affected parts are disinfected thoroughly with a 2 per cent. solution of boric acid, and the vesicles are opened. In less extensive burns, in order to ensure more complete disinfection, it will be advantageous to employ a stronger disinfectant. The burned areas are then sufficiently covered with Aristol gauze over which is applied a layer of sterilized cotton, gutta percha, paper and a bandage, the dressing being renewed when required. It is not advisable at first to dust the Aristol powder directly upon the burned places because this might impair the absorption of the wound secretions by the dressing. At a later period when the secretion has diminished the Aristol may be insufflated in substance, or applied in the form of a 10 per cent. ointment, which will produce a rapid cure.

Piperazin in Nephritic Colic.

John McKinlock, M.D., of Chicago, in *New York Medical Journal*, August 18, gives his experience with this drug in four typical cases of renal colic. He claims to have obtained great benefit from its administration.

His plan is to give 5 to 10 grains along with 5 grains of Phenocoll in Lithia water every two or three hours. The amount of urine is rapidly increased. The pain is relieved. The Piperazin has prompt action on the uric acid, and breaks up the concretions. It possesses wonderful solvent powers. It appears that large quantities of the drug can be used. It speedily dissolves off the angles from the calculi, and enables them to pass painlessly. It also breaks up phosphatic calculi by destroying the albuminoid cementing matter. As it is not irritating, it has been used with much advantage in the washing out of the bladder for vesical calculi.

Medical Journals Not Appreciated.

Northwestern Lancet.

The following reply was returned to a circular letter soliciting subscriptions to a certain medical journal:

FARIBAULT, MINN.

Your Copy of the ——— Jurnal come, and the letter to—askin me to send fifty censand git it fur a yeer. I don't need no jurnals. When I git a tuff case I go off inter sum secrit plase and tell the lord all about it and wate for him to put inter my minde what ter do. That's bettern jurnals and skylopedes and such. If we had more lord trustin docters and less colleges weed fare better. The lord noes morn all the docters and if we go to him fur noledge it ill be bettern jurnals. Fraternally in the lord,

A CRISTUN DOCTER.

P. S.—I've practist medisen morn fifty yeers. Yore ken publish this letter if you want ter.

HERE is the sequel to a story of much medical interest mentioned in an earlier issue of the *Journal*. Last year while attending the World's Fair William Lewis received a broken neck by being accidentally shot by his sweetheart. This week the steel frame that had supported his head since was removed, and he is apparently recovered. He went to Topeka, Kas., yesterday, and is expected to return home with his bride who a year ago came near causing his death.—*Cincinnati Medical Journal.*

DR. CHAS. MARCHAND says in regard to the combined use of permanganate of potassium and Peroxide of Hydrogen, that they are antipathic substances. The Peroxide of Hydrogen sets free oxygen and the permanganate of potassium is transformed into brown oxide of manganese. The only way to obtain the maximum antiseptic effect of the Peroxide is to use it pure.

A PHYSICIAN, in speaking of the business side of the practice of medicine, says: "A doctor will trust people longer and more foolishly than any man on earth. He will go on trusting people for years, until they leave him on account of hating him because they have owed him so much and so long. Then they will go to another physician and pay him with little or no hesitancy.—*Maryland Medical Monthly.*

SPARTEINE is a very satisfactory remedy in exophthalmic goitre. It may be given in the form of the sulphate in 1-12 grain doses.

HYOSCINE Hydrobromate, in doses of 1-25 grain hypodermically every six hours, is a valuable remedy in acute puerperal mania.

PETRESCO claims that pneumonia can be jugulated by digitalis in large doses given from the beginning of the disease.

A COMBINATION of heart tonics is said to be much more efficacious than any of them given alone.